FORM D

1179372

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

OMB APPROVAL						
OMB NUMBER:	3235-0076					
Expires:	May 31, 2002					
Estimated average burden						
hours ner resn	onco 14 00					



NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

SEC USE ONLY						
Prefix Serial						
DATE RECEIVED						

Name of Offering (□ chec	ck if this is an amendment and r	name has changed, ar	nd indicate cha	nge.)		
Shadwell Financial Service	s Opportunities Fund, Ltd.			A RE	CEIVED	
Filing Under (Check box(es)	that apply): Rule 504	☐ Rule 505	☑ Rule 506	5 □ Section 4(6)	□ ULOE (€)	
Type of Filing: ⊠ New	Filing			// aur	2002	
	A. BASIC	DENTIFICATIO	N DATA	(WOO	//	
1. Enter the information requ	ested about the issuer				<u>/3/</u>	
Name of Issuer (check:	if this is an amendment and nan	ne has changed, and	indicate chang	e.)	151 60	
Shadwell Financial Service	s Opportunities Fund, Ltd.			A.C.	151/49/	
Address of Executive Office	s (Number and St	reet, City, State, Zip	Code)	Telephone Number (Inch	uding Area Code)	
c/o Goldman Sachs (Cayman) Tru	ist, Ltd., Harbour Centre, 2 rd Fl., No. C	Thurch St., Grand Caym	an,BWI (345) 949-6770		
Address of Principal Busines	ss Operations (Number and St	Code)	Telephone Number (Including Area Code)			
(if different from Executive	Offices)					
Brief Description of Busines	s: Investment in securities.					
Type of Business Organization	on					
corporation			☐ oth	er (please specify):	DDOCECCE	
☐ business trust	☐ limited partnership,	to be formed			PROCESSED	
Actual or Estimated Date of In Jurisdiction of Incorporation	ncorporation or Organization: or Organization: (Enter two-lett	Month Ye 0 6 0 1 Ter U.S. Postal Service	2 🗵	Actual □ Estimated for State: F N	AUG 0 7 2002 THOMSON	
	CN for Canada; FN for other	foreign jurisdiction)		11 111		

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. Or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering exemption (ULOE) for sales of securities in those state that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

- ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid **OMB** control number.

CAV

A. BASIC IDENTIFICATION DATA 2. Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer: Each executive officer and director of corporate issuers and of corporate general and managing general partners of partnership issuers: and Each general and managing partner of partnership issuers. ☐ Beneficial Owner ☐ Executive Officer Check Box(es)that Apply: ☐ Promoter □ Director ☐ General and/or Managing Partners Full Name (Last name first, if individual) Byrne, Martin Business or Residence Address (Number and Street, City, State, Zip Code) c/o Goldman Sachs (Cayman) Trust, Ltd., Harbour Centre, 2rd Fl., Grand Cayman, BWI Check Box(es)that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☒ Director ☐ General and/or Managing Partners Full Name (Last name first, if individual) Forrest, Roderick Business or Residence Address (Number and Street, City, State, Zip Code) Chancery Hall, 52 Reid St. Hamilton HM12, Bermuda Check Box(es)that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer □ Director ☐ General and/or Managing Partners Full Name (Last name first, if individual) Humphreys, Thomas Business or Residence Address (Number and Street, City, State, Zip Code) c/o Shadwell Capital, L.C, 321 East Main St., PO Box 2054, Charlottesville, VA 22902 Check Box(es)that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partners Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es)that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ General and/or Managing Partners Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es)that Apply: Promoter Beneficial Owner Executive Officer ☐ General and/or ☐ Director Managing Partners Full Name (Last name first, if individual) Business of Residence Address (Number and Street, City, State, Zip Code)

☐ Beneficial Owner ☐ Executive Officer

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

☐ Promoter

Business or Residence Address (Number and Street, City, State, Zip Code)

Check Box(es)that Apply:

Full Name (Last name first, if individual)

☐ General and/or
Managing Partners

•				B. IN	FORMAT	ION ABO	UT OFFE	RING	ett i i seestet y	Autor - A. M.		
	Contract of the contract of th		<u> </u>							<u> </u>	Yes	No
1. Has the issuer sold, or does the issuer intend to send, to non-accredited investors in this offering?						🗆	X					
	Answer also in Appendix, Column 2, if filing under ULOE.											
2. What is the minimum investment that will be accepted from any individual?												
3. Does th	ne offering	permit join	t ownership	of a singl	e unit?				••••••		Yes ⊠	No □
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated person of such a broker or dealer, you may set forth the information for that broker or dealer only. Full Name (Last name first, if individual)												
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Business	or Residen	ce Address	(Number	and Street	t, City, Stat	e, Zip Code	e)					
Name of	Associated	Broker or l	Dealer						<u> </u>			
	Which Pers "All States										🗆	All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Nam	e (Last nam	ne first, if in	ndividual)			***************************************						
Business	or Residen	ce Address	(Number	and Street	t, City, Stat	e, Zip Code	e)					
Name of	Associated	Broker or l	Dealer				-					-
States in Which Person Listed has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)						🗆	All States					
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Nam	e (Last nam	ne first, if in	ndividual)									
Business	or Residen	ce Address	(Number	and Street	t, City, Stat	e, Zip Code	e)					
Name of	Associated	Broker or l	Dealer									
States in Which Person Listed has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)								All States				
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS 1. Enter the aggregate offing price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero". If the transaction is an exchange offering, check this box \(\sigma\) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. Aggregate Amount Type of Security Offering Amount Already Sold Debt..... Equity..... \$_1,000,000,000. ☑ Common ☐ Preferred Partnership Interests \$_____ Other (Specify)......\$______ Answer also in Appendix, Column 3, if filing under ULOE 2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero". Aggregate Number Dollar Amount of Purchases Investors Accredited Investors. \$__0 Non-accredited Investors. Total (for filings under Rule 504 only)..... Answer also in Appendix, Column 4, if filing under ULOE 3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C -Question 1. Type of Dollar Amount Type of offering Security Sold Rule 505..... Regulation A..... Rule 504..... Total..... Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fees.... Printing and Engraving Costs....

Legal Fees.

Accounting Fees.

Other Expenses (identify)_______

Total_____

SEC 1972 (2-97) 4 of 8

\$ 15,000

\$ 10.000

25,000

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C. OFFERING PRICE, NUMB	ER OF INVESTORS, EXPENS	ES AND U	SE OF PROC	EEDS	The state of the s
b. Enter the difference between the aggregate Question 1 and the total expenses furnished in respo the "adjusted gross proceeds to the issuer"	nse to Part C - Question 4.a. this	difference	is	\$	999,975,000
5. Indicate below the amount of the adjusted gross pro- for each of the purposes shown. If the amount for and check the box to the left of the estimate. Th adjusted gross proceeds to the issuer set froth in resp	any purpose is not known, furnise total of the payments listed m	h an estima ust equal t	ite		
			Payments T Officers, Directors, & Affiliates		Payments To Others
Salaries and fees			\$	🗆	\$ <u>.</u>
Purchase of real estate			\$	🗆	\$
Purchase, rental or leasing and installation of m	Purchase, rental or leasing and installation of machinery and equipment				\$ <u>.</u>
Construction or leasing of plant buildings and f		\$	<u> </u>	\$ <u>.</u>	
Acquisition of other businesses (including the voffering that may be used in exchange for the assisted pursuant to a merger)	sets or securities of another		\$ \$ \$		\$ \$ \$ \$999,975,000
Column Totals			\$	<u>.</u> 🗵	\$ <u>999,975,000</u>
Total Payments Listed (column totals added)		⊠ \$	999,9	75,000	
	D. FEDERAL SIGNATURE			ti san winter	Node - State of the state of th
The issuer has duly caused this notice to be signed b following signature constitutes an undertaking by the the information furnished by the issuer to any non-accr	y the undersigned duly authorize issuer to furnish to the U.S. Sec	d person. urities Com	If this notice is amission, upon	s filed ur	nder Rule 505, the
Issuer (Print or Type)	Signature			Date	1 ,
Shadwell Financial Services Opportunities Fund, Ltd.	Dil 26	2	7	7	\$ 02
Name of Signer (Print or Type)	Title of Signer (Print or Type)				
Daniel Oakey	Chief Financial Officer of Sha Issuer	idwell Cap	ital, LC, Inves	tment M	lanager of the

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)